FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Do not write in this space

Case No
Date Filed
January 23, 2018

INSTRUCTIONS: Unless e-Filed							
in which the employer concerned							
certificate of service showing ser							
Position form (Form NLRB-505);						.RB 4812). Ti	he showing of interest
should only be filed with the NLRI							
PURPOSE OF THIS PETITIONRC-CEF bargaining by Petitioner and Petitioner desir National Labor Relations Board proceed ur	es to be certified as	representative of th	e employee	es. The Petitioner	alleges that the follow	o be represente wing circumstand	d for purposes of collective ses exist and requests that the
2a. Name of Employer	ider its proper dutil				t(s) involved (street an	d number, city, st	ate, zip code)
APPEARANCE GROUP, INC	D.		9424 E.	37 TH N. 100	, WICHITA, KS	67226	
3a. Employer Representative - Name a	nd Title			and the second	s 2b - state same)		
MATT HENRY - MANAGER			3	AME AS AB			
3c.Tel. No.	3d. Cell No.		3e. Fa			3d. E-Mail Add	ress
316-208-8015			31	6-617-6878		M.HENRY@	APPEARANCEGROUP.COM
4a. Type of Establishment (Factory, mine, w AIRCRAFT CLEANING/ DETAIL		4b. Principal pro METAL A		rvice ASTIC POLI	SH		nd State where unit is located: HITA, KS
5b. Description of Unit Involved					1445074 HE HOLD THE	L	6a. No. of Employees in Unit:
ncluded:							10
POLISH BRITE WORK ON AIRCR	AFI						6b. Do a substantial number (30%
							or more) of the employees in the
Excluded:	=======================================			20.2.2	18		unit wish to be represented by the Petitioner? Yes V No
OFFICE CLERICAL EMPLOYEES, PRO AS DEFINED IN THE ACT.	FESSIONAL EM	IPLOYEES, MAN	AGERIAL	EMPLOYEES,	GUARDS, AND SU	PERVISORS,	redioner res
Check One:							
☐ 7a. Request for recognition about (date)	as Bargaining Re (if no reply receive	presentative was r	made on <u>Pe</u>	tition will serve	as request for reco	gnition and Emp	loyer declined recognition on or
7b. Petitioner is currently re	ecognized as Barg	aining Representa	tive and de	sires certification	n under the Act.		
8a. Name of Recognized or Certified Bargaining NONE	Agent (If none, so s	state).		8b. Address N/A			
8c. Tel. No.	8d. Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
N/A 8g. Affiliation, if any	L_N/A		N/A	of Recognition or	Cadification	N/A	ata af O constant Maria Daniel
N/A			N/A	or Recognition or	Certification	Contract, if any	ate of Current or Most Recent (Month, Day. Year)
0.1-11					***************************************	N/A	And the second s
Is there now a strike or picketing at the E (Name of labor organization)	, has picketed	the Employer since	(Month, Day,	Year)	proximately how man	19 35 302	5 35 353 1500-1-1500-1-1500-1
Organizations or individuals other than F known to have a representative interest in an	y employees in the	e unit described in	8 and 9, whitem 5b abo	ich have claimed ove. (If none, so sta	^{ite)} NONE	sentatives and o	ther organizations and individuals
10a. Name	10b. Add	dress			10c. Tel. No. N/A		10d. Cell No. N/A
N/A	N/A	Д			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts an el any such election.	ection in this matt	ter, state your posi	tion with re	spect to	N/A 11a. Election Ty ✓ Manual	pe: Mail	N/A Mixed Manual/Mail
11b. Election Date(s):	11c. Ele	ection Time(s):			11d. Election Loca		WIIXEG WAITGET/WAIT
02/08/2018		10:00 PM -	SECURATE SOMEONING STORY OF A CONTROL OF THE CONTRO		AN ALBERTA CONTROL OF AN	MID-CONTINENT BLDG C-7	
12 a. Full Name of Petitioner (including local nam IAMAW, AFL-CIO	50.00m/s0.00m/s0.00m/s0.00				690 E. LAMAR		ty, state, and ZIP code) E 580, ARLINGTON, TX 76011
12c. Full name of national or international lab	TION OF MA	which Petitioner is CHINISTS AN	an affiliate	or constituent (if OSPACE W	f none, so state) ORKERS, AFL-	-CIO	
12d. Tel. No. 817-505-0100	12e. Cell No.			-459-0107		12g. E-Mail Add	dress
Representative of the Petitioner who will accep Name and Title	t service of all paper	s for purposes of the			one oits atolo and 710 and	1-1	
JAMES R. LITTLE – GRAND LODGE SPE	CIAI REDDESE	NITATIVE	2010/16-213		per, city, state, and ZIP coo	750.50	TON TV 70044
13c. Tel. No.	13d. Cell No.	MININE	13e. Fax		BLVD, SUITE 5	80, ARLING 13d. E-Mail Add	
817-505-0100	682-401-7835		W. C. S.	7-459-0107			DIAMAW.ORG
I declare that I have read the above Petition and the							
Name (Print) Signe	itur	1		Title		D.A	ATE
JAMES R. LITTLE	In K	1		GRAND LOD	OGE REPRESE		1/22/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	14-RC-213491	Date Filed January 24, 2018		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1316 E 14th St MO Kansas City 64106-3405 Transdev On Demand Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1316 E 14th St MO Kansas City 64106-3405 Chester Bor 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cbor@kctg.com (816) 512-6050 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Paratransit Service Kansas City, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 105 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 15, 2018 4:00 a.m. to 7:00 a.m., 11:00 a.m. to 2:00 p.m., and Storage Facility Adjacent to Garage 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Jonothan P. Walker Sr. Amalgamated Transit Union Local 1287 Suite 46-A 6320 Manchester Avenue 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address ipwalker105@atu1287.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (816) 361-8400 (816) 361-8497 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (301) 431-7100 (301) 431-7116 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Assistant General Counsel Daniel B. Smith 01/24/2018 13:46:36 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

All full-time and regular part-time drivers operating in and out of the Employer's Kansas City, MO facility.

Employees Excluded

All dispatchers, maintenance employees, office clerical employees, managers, and guards and supervisors as defined by the Act.

1						
	S GOVERNMENT			DO NOT	WRITE IN TH	S SPACE
RC PE	TITION N	ARD	14-RC-2	13864	Date	Filed 1/29/18
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	www.nlrb.gov, submi	t an original of this	Petition to	an NLRB office in the Region
in which the employer concerned	is located. The	e petition mus	t be accompanied by	y both a showing o	of interest (se	ee 6b below) and a certificate
of service showing service on the	employer and	all other parti	es named in the petit	tion of: (1) the peti	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Descrip						
with the NLRB and should not be						
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Rela	RTIFICATION OF esires to be certifi	REPRESENTA ed as representa	TIVE - A substantial numb tive of the employees. Th	e Petitioner alleges th	nat the followin	g circumstances exist and
2a. Name of Employer			ddress(es) of Establishme			
Tropicana St. Louis, LLC d/b/a Lumiero		& Hotels 999	North 2nd Street, St		2	260 0.1
Carla Shelby, Director of Human	Resources		same	14		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	10 1-7 3	3f. E-Mail Add	Iress
(314) 881-7758			(314) 881-7757		cshelby@lu	imiereplace.com
4a. Туре of Establishment (Factory, mine, и	wholesaler, etc.)	4b. Principal pr	oduct or service			and State where unit is located:
Hotel and Casino		Lodging and	Gaming		St. Lou	
5b. Description of Unit Involved Included: Excility maintainer	no ongine	0.00			1	6a. No. of Employees in Unit:
Included: Facility maintenar	ice engine	ers				6b. Do a substantial number (30%
Excluded: office clerical, profes	sional emplo	oyees, supe	rvisors, and guar	ds as defined in	the Act	or more) of the employees in the unit wish to be represented by the Petitioner? Yes \(\sqrt{No} \)
Check One: / 78. Request for re	coonition as Barg	aining Represent	ative was made on (Date)	1-29-18 an	d Employer dec	lined recognition on or about
		If no reply receive		CILCULATION CO.		
7b. Petitioner is c	urrently recognize	d as Bargaining F	Representative and desire:	s certification under the	Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (#	none, so state).	8b. Address			
None	1010 00	- 111				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affillation, if any			8h. Date of Recognition	or Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mplayar's astablis	hmont(s) involves	12 N	vimotaly have many an		Carata alata
					npioyees are pa	rucipaung?
(Name of labor organization)			keted the Employer since			
Organizations or individuals other than known to have a representative interest in a None	Petitioner and thos iny employees in t	se named in items he unit described	s 8 and 9, which have clair in Item 5b above. (If non-	ned recognition as repi e, so state)	resentatives and	d other organizations and individuals
10a. Name	10b. Add	Iress	*	10c. Tel. No.	Day.	. 10d, Cel No.
				10e. Fax No.		10f. E-Mail Address
Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	ur position with respect to	11a. Election Type:	Manual	MaliMixed Manual/Mail
11b. Election Date(s):	11c. Ele	ection Time(s):	120000 127.0	11d. Election Local		
FEBRUARY 21, 2018	SAM.		12:30PM-1:30PA		CASINO	
12a. Full Name of Petitioner (Including to Operating Engineers Local 148				11000 Lin Valle Dri		city, state, and ZIP code) AO 63123
12c. Full name of national or International la International Union of Operating Engineers	3	of which Petitioner		nt (if none, so state)	•	
12d. Tel No. 314-865-1300	12e. Cell No. 618-604-9336		12f. Fax No. 314-865-1423		12g. E-Mail Ad eric@iuoe148.	
13. Representative of the Petitioner who		e of all papers f		sentation proceeding		com s
13a. Name and Tible Eric Mooshegian, S			13b. Address (street at 11000 Lin Valle Drive, St. L	nd number, city, state, i		
13c. Tel No.	13d. Cell No.		13e. Fax No.	- 1	13f. E-Mail Ad	dress
314-865-1300 x108	618-604-9336	1	314-865-1423	The state of the s	eric@luoe148.	com
I declare that I have read the above petiti	on and that the s	tatements are tr	ue to the best of my kno	wiedge and bellef.		

Name (Print)

Name (Print)

Signature Monthson SR. BUSINESS REPRESENTATIVE 1-29-18

WILLFUL FALSE STATEMENTS ON THIS PERTION CAN BE PUNISHED BY THE AND WORKSONTENT (US) COSE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS ON THIS PERMIN CAN BE PUNISHED BY THE OFF STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 (25.07) 1916 see The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE		
Case No	Date Filed	
14-RC-216612	March 15, 2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) FLIGHT SAFETY SERVICES CORPORATION 53051 HUTCHINSON STREET, BLDG 1094, MCCONELL AFB, KS 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) **NEIL WHITEMAN** 10770 E. BRIARWOOD AVE., SUITE 100, CENTENNIAL, CO 801121 3c. Tel. No. 3d Cell No 3d. E-Mail Address NEIL.WHITEMAN@FLIGHTSAFEY.COM 303-783-3191 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal product or service 5a. City and State where unit is located: GOVERNMENT FLIGHT SIM TRAINING MCCONNELL AFB, KS FLIGHT SIMULATORS/ PLATFORMS 5b. Description of Unit Involved 6a. No. of Employees In Unit: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE PILOTS, BOOM OPERATORS, SIMULATOR TECHS, 6b. Do a substantial number (30% ELECTRONIC TECHS, MAINTENANCE TECHS, AERIAL PORT, CARGO LOADING, AND MATERIAL HANDLING WORKING AT or more) of the employees in the MCCONNELL AFB. KS. unit wish to be represented by the Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or (date) (if no reply received, so state). 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address NONE N/A 8c. Tel. No. 8d. Cell No. Be. Fax No. 8f. E-Mail Address N/A N/A N/A 8g. Affiliation, If any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year) N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10d. Cell No. 10c Tel No. N/A 10f, E-Mail Address N/A 10e. Fax No. N/A N/A N/A Election Type: Manual Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d Election Location(s): BREAK ROOM - FSSC KC-46 FACILITY BLDG 1094, 53051 7:00 AM - 8:00 AM 03/28/2018 **HUTCHINSON ST. MCCONNELL AFB, KS 67221** 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 12 a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the repr sentation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13d E-Mall Address 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and that the sta ements are true to the best of my knowledge and belief. GRAND LODGE REPRESENTATIVE JAMES R. LITTLE 3/14/2018 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (4-15)

David Woods

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE	
Case No.		Date Filed	
14-RC-21732	29	March 28,	2018

3-28-18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) invoked (Street and number, city, State, ZIP code) 2a. Name of Employer Nestle Purina Pet Care 13900 N. Lincoln Blvd., Edmond, OK 73013 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Same as above Jacob Stieber - Human Resources Manager 3c. Tet No. 3d. Cell No. 3e. Fax No 3f. E-Mail Address (405) 753-8640 N/A (405) 748-8464 Jacob.stieber@purina.nestle.com 4a Type of Establishment (Factory, mine, wholeselar, etc.) 4b. Principal product or service. 5a. City and State where unit is located. Factory Pet Food Edmond OK Sb. Description of Unit Involved 6a No. of Employees in Unit Included: All Full-Time and Part-Time Quality Assurance Employees Only 6b. Do a substantial number (30% Excluded: All other employees including. Temporary, Professional, Office Clerical, Menagers. Guards and Supervisors as defined in the ACT. or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received so state). Petitionar is currently recognized as Bargaining Representative and desires certification under the Act Sa. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address 8c. Tel No. Se Fax No 8d Cell No 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year). NA 9. is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? (Name of lebor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b Address 10c. Tel. No. 10d. Cell No. NA 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c Election Time(s) 11d. Election Location(s) 6.30am to 7:30am & 2:30pm to 3:30pm April 17, 2018 13900 N. Lincoin Blvd., Edmond, OK 73013 (Golden Retnever Room) 12a. Full Name of Patitioner (including local name and number) 12b. Address (street and number, city, state, and ZiP code) Bakery, Confectionery, Tobacco Workers and Grain Millers, Int'i Union, AFL-CIO Local No. 366G P.O. Box 7323, Edmond OK 73083-7323 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Bakery, Confectionery, Tobacco Workers and Grain Millers, International Union, AFL-CIO, CLC 12e. Cell No. 12f Fax No. 12g E-Mail Address (405) 538-7854 bctcmlocal366G@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13s. Name and Title David Woods - International Rep 13b. Address (street and number, city, state, and ZIP code) P.O. Box 7323, Edmond OK 73083-7323 13c. Tel No 13d. Cell No. 13e Fax No. (240) 485-8851 BCTGMDAVID@GMAIL.COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief, Name (Print) Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION (001)

BCTGM International Rep

books

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

| Case No. 14-RC-217431 | Date Filed | 3/29/18

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14700 Manchester Road, Ballwin, MO 63011 St. Louis County Jay Wolfe Toyota of West County 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jeff Wolfe, CEO SAME 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (636) 707-0157 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: New Car Dealership Service Ballwin, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: All full time and regular part time Technicians, Technicians in training, semi-skilled Technicians, and lube rack Technicians who are employed at the employer's facility located at 14700 Manchester Road. Ballwin, MO 63011 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees including parts department employees, service writers, porters, sales employees, office clerical unit wish to be represented by the employees, professional employees, managerial employees, guards and supervisors, as defined by the Act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petition to serve as request. 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10:00 a.m. - 11:00 a.m. Lunchroom 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO | 113 Republic Avenue, Ste. 100, Joliet, IL 60435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12d. Tel No. 815-280-6400 12e, Cell No. 12g. E-Mail Address 12f. Fax No. rmickschl@iamaw.org 630-430-6455 815-280-6345 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Rick Mickschl, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e, Fax No. rmickschl@iamaw.org 815-280-6400 630-430-6455 815-280-6345 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Grand Lodge Representative Rick Mickschl March 29, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Name (Print)

	S GOVERNMENT				DO NOT	WRITE IN THIS	
	TITION		14	-RC-	218113	Date	7/7/18
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's websile, w	ww.nlrb.gov, s	submit ar	original of this	Petition to a	n NLRB office in the Region
in which the employer concerned in							
of service showing service on the							
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be						orrang or an	arear arrange orny are made
1. PURPOSE OF THIS PETITION: RC-CE					of employees wish to	be represented	for purposes of collective
bargaining by Patitioner and Petitioner d requests that the National Labor Rela	esires to be certifi	ed as representati	ve of the employe	ees. The P	elitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer		2b. Ac	ddress(es) of Esta	ablishment(s) involved (Street a	nd number, city	, State, ZIP code)
SmithFoods Pacific, Inc.		2	0 Midwest Drive 10 Pacific 63069		=1		
3a. Employer Representative - Name and	1 Title		3b. Address (If same as	2b - state same)		
Scott Lewis				ilic 63069-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3114-1306-4	31. E-Mail Add	ress
(636) 334-4700	<u> </u>						
4a. Type of Establishment (Factory, mine, v Food Processing	wholesaler, etc.)	4b. Principal pro	oduct or service Process (ngred)	ents for Ice	Cream	5a. Cily	and State where unit is located. Pacific. MO
5b. Description of Unit Involved				-			6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details						28
							6b. Do a substantial number (30%
Excluded: See Attached Page 2 for addition	nai details						or more) of the employees in the unit wish to be represented by the
							Petitioner? Yes [[]] No [[]]
Check One: 7s. Request form	T. 1000 1015			n (Date)	an	Employer dec	Ined recognition on or about
7 7 Battlessale		(If no reply receive				***	
6a. Name of Recognized or Certified Bar	raining recognize	to as Bargairung H		Address	enlication under the	ACL.	
ver manne or management of continua and	Rammill Schlart for	none, so sicroj.	00.7	Muluss			
8c. Tel No.	8d Cell No.		8e. Fax No.	((8f. E-Mail Add	ress
8g. Affiliation, if any		8h. Dale of Rec	ognition or	Certification		Date of Current or Most Recent by (Month, Day, Year)	
							, (,
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) Involved	17 11	so. approxi	mately how many en	plovees are pa	rtkipsting?
(Name of labor organization)				Company of the Compan	fonth, Day, Year)		
	Dolling to and the						d ather a more land and to district the
 Organizations or individuals other than known to have a representative interest in a 						esentauves an	a other organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
Total Harry	100.710	5.033		1	100. 101.110.		100. 00.110.
				1	10e. Fax No	***************************************	101. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in the	s matter, state you	ur position with re	espect to	11a. Election Type:	[7] Manual [Mell Mixed Manual/Mail
any such election.	11c F	lection Time(s):		-	11d. Election Local	lon(s)	
11b. Election Date(s): April 28, 2018		30 p.m.					e, Pacific MO 63069
12a. Full Name of Patitioner (Including local name and number) Jonathan A Byri United Food and Commercial Workers, Local Union No. 88			12b. Address (street and number, city, state, and ZIP co 5730 Elizabeth Ave MO Sept Louis 5310-2802				
12c. Full name of national or international k	No. 88 abor organization	of which Pelltone	r la en affillate or	constituent		10-2802	7.85
United Food and Commerical Workers	1.40- 0-812		I sot Familia			10- E Uel 1	
12d, Tel No. (314) 644-6328	12e. Cell No. (314) 691-3393		12f. Fax No. (314) 644-362	2		12g. E-Mail A jbyrd@ulcw88	agraes B.org
13. Representative of the Petitioner who		The second secon			entation proceeding		
13a. Name and Title	The description of the second	or on papero i	1 13b. Address	(street and	number, city, state.		
Daniel M McLaughlin Attorney Spector, Wolfe, McLaughlin & O'Mara, LLC			710 S Kirkwo	od Rd			
13c. Tel No.	13d. Cell No.		13e. Fax No.	12 23 154-2	262	13l. E-Mail Ac	idreas
(314) 909-0303	(314) 575-6780	ři v	(314) 909-030	06	3	dan@spector	wolfe.com

Jonathan A Byrd Jonathan A Byrd Business Representative 04/9/2018 10:05:02
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title Business Representative

I declare that I have road the above petition and that the statements are true to the best of my knowledge and belief.

Signature Jonathan A Byrd

PRIVACY ACT STATEMENT

DO NOT	WRITE	IN THIS	SPACE
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Case

Date Filed

Attachment

Employees Included

All hourly full-time and part-time employees including sanitation, production, maintanence, truck driver and QA.

Employees Excluded

All officers, supervisors and guards as defined by the Act.

UNITE NATION

ED STATES GOVERNMENT	DONOIV
AL LABOR RELATIONS BOARD	14-RC-218238
0 1 = 1111011	11 10 210200

DO NOT WRIT	E IN THIS SPACE ,
Case NO - 218238	Date Filed 4/11/18

R INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Morrison Foodservice (Christian Hospital Northeast) 11133 Dunn Road St. Louis, MO 63136 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kay Morgan, Food Service Director same 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 314-653-5000 kay.morgan@bjc.org 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hospital Healthcare St. Louis, MO 6b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Food Service workers to include cooks, dietary, catering, expeditors and dish washers 6b. Do a substantial number (30% or more) of the employees in the Excluded: Managers, Supervisors, Security, Human Resources, Administrative/Clerical, Janitors, Interns, Temporary Employees, Confidential employees, Professional Employees as defined by the Act unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 04/11/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8d Cell No. 8c. Tel No. 8e Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 05/04/18 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code)-300 Weidman Road Ballwin, MO 63011 LaKenya Roberson, United Food & Commercial Workers Local 655 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 636-736-2782 314-277-1163 636-394-5006 Iroberson@ufcw655.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title LaKenya Roberson, Coordinator 13b. Address (street and number, city, state, and ZIP code) 300 Weidman Road Ballwin, MO 63011 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 636-736-2782 314-277-1163 636-394-5006 Iroberson@ufcw655.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date erson ZIVOVV | Coordinator Organizer | 4/11/18
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FIRE AND INPRESONMENTALLS, CODE, TITLE 18, SECTION 1001) LaKenya Roberson

PRIVACY ACT STATEMENT

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 14-RC-218568	Date Filed April 17, 2018		

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1220 Washington St Ste 100 MO Kansas City 64105-1439 **Turner Construction** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1220 Washington St Ste 100 MO Kansas City 64105-1439 Jeff Werthmann 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. jwerthmann@tcco.com (816) 283-0555 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services Kansas City, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 35 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 1, 2018 6:00 a.m. - 5:00 p.m. All local Turner job sites 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Rocky Kloth St. Louis-Kansas City Carpenters Regional Council 8955 E 38 h Ter MO Kansas City 64129-1692 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Brotherhood of Carpenters and Joiners of America 12g. E-Mail Address rkloth@carpdc.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (816) 931-0675 (816) 898-1181 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Martin Warren Walter General Counsel St. Louis-Kansas City Carpenters Regional Council 8955 E 38 h Ter MO Kansas City 64129-1692 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address (816) 931-3414 (913) 710-6487 (816) 931-0675 mwalter@carodc.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date General Counsel Martin Warren Walter 04/16/2018 12:48:38 Martin Warren Walter

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

Employees Included Carpenter-craft employees

Employees Excluded All others

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

DO NOT WRITE IN THIS SPACE

Case No. 14-RC-218990

Date Filed

Date Filed

H. C 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 197	ETITION		14-KC-	210170		1/29/18
INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, y	vww.nlrb.gov, submit	an original of this	Petition to	an NLRB office in the Region
in which the employer concerns						
of service showing service on t	he employer and	all other part	ies named in the petiti	on of: (1) the peti	tion; (2) Stat	tement of Position form
(Form NLRB-505); and (3) Desci	ription of Repres	entation Case	Procedures (Form NL	RB 4812). The s.	howing of in	terest should only be filed
with the NLRB and should not b					_	
 PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition 	CERTIFICATION OF er desires to be certifi	RÉPRESENTA ed as representa	TIVE - A substantial number tive of the employees. The	Petitioner alleges ti	nat the followin	ng circumstances exist and
requests that the National Labor R 2a. Name of Employer	erauoris Board proc		Address(es) of Establishmen			
Transdev Service, Inc. d/b/a/ Huntleigh Tra	nsportation Service Co		Rosedale Ave Saint L			•
3a. Employer Representative – Name Bonnie Welch HR Manager	and Title		3b. Address (If same a	s 2b – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	dress
314-862-4777						
4a. Type of Establishment (Factory, mir	e, wholesaler, etc.)	4b. Principal p	roduct or service			and State where unit is located:
Shuttles		Transportati	on		Saint L	ouis MO
5b. Description of Unit Involved Included: All full time and part-tin	ne shuttle drivers	at Clayton/Nev	vstead and Rosedale Av	ve Incated in Sain	t Louis MO	6a. No. of Employees in Unit: 52
Control of the contro						6b. Do a substantial number (30% or more) of the employees in the
Excluded: All other employees dispatchers, customs editors, payroll coordinators, assistent payroll.	r service service representatives roll clerks and cash countersemp	(CSRs), road supervisors loyed by the employer, off	s, all full-time and part-time receptionists, m lice/dericel emplyose, professional employe	aintenance clerks, data entry cler cos, guard and supervisora as dri	iks, mechanics, trip lined in the ect.	unit wish to be represented by the Petitioner? Yes ✓ No
Check One: / 7a. Request fo	or recognition as Baro	aining Represen	tative was made on (Date)	4-24-18 an	d Employer dec	clined recognition on or about
		(If no reply receiv	2011 L. M. C. (1912 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 19	**************************************		
7b. Petitioner	is currently recognize	d as Bargaining	Representative and desires	certification under the	Act.	
8a. Name of Recognized or Certified	Bargaining Agent (II	none, so state)	. 8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8e. Fax No. 8f. E-Ma		dress
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent by (Month, Day, Year)
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involve	d? If so, approx	kimately how many er	nployees are pa	articipating?
(Name of labor organization)		, has pi	cketed the Employer since (Month, Day, Year)		
 Organizations or individuals other th known to have a representative interest 	an Petitioner and tho in any employees in	se named in item the unit described	s 8 and 9, which have claim d in item 5b above. (If none,	ned recognition as rep , so state)	resentatives an	d other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e, Fax No.	98.127 (ALL)	10f. E-Mail Address
11. Election Details: If the NLRB cond	ucts an election in thi	s matter, state yo	our position with respect to	11a. Election Type	Manual	✓ Maif Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Local	tion(s):	M G M
12a. Full Name of Petitioner (including	a local name and no	and a st	-	10h Address (stre		city, state, and tall code
Maria Lagorio, United Food and Comm			5	300 Weidman Roa	d Ballwin MO	
12c. Full name of national or international United Food and Commercial Workers	al labor organization	And the second second			*	SIN PA
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	
636-736-2770	314-478-2121		636-394-5006		mlagorio@ufc	w65æg ₹ ō≦
13. Representative of the Petitioner w	ho will accept servi	ce of all papers	for purposes of the repres	entation proceeding		often []
13a. Name and Title Maria Lagori	o Organizing C	Coordinator	13b. Address (street and 300 Weldman Road Ballwin		end ZIP code)	14 9:5
13c. Tel No. 636-736-2770	13d. Cell No. 314-478-2121		13e. Fax No. 636-394-5006	i	13f. E-Mail Ad	
I declare that I have read the above po		tatements are t			mlagorio@ufc	wood.org
Name (Print)	_//		Title	go and bollon	I Data	
Maria Lagorio	Signature & Ol-	-	Organizing Coordinator		Date 4-24-2018	
41	MENTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AND			E 18, SECTION 1001)
6		PR	IVACY ACT STATEMENT			

Case No. H-RC-219195

DIG 195 Date Filed 4-27-18

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Lee Enterprises, Inc. d/b/a The Southern Illinoisan 710 N. Illinois Ave., Carbondale, IL 62901 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Craig Rogers, Publisher Same as 2b 3c. Tel. No. 3d. Cell No. 3e Fax No. 3f. E-Mail Address 618-351-5038 craig.rogers@thesouthern.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: News provider Carbondale, IL Providing news 6a. No. of Employees in Unit: 5b. Description of Unit Involved approximately 14 Included: all full-time and regular part-time employees in the news and sports sections, including employees with the 6b. Do a substantial number (30% following titles: news reporter, sports reporter, photographer, copy editor, editorial assistant, and night clerk. or more) of the employees in the Excluded: unit wish to be represented by the executive editor, digital editor and sports editor Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. _ If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 710 N. Illinois Ave., Carbondale, IL 62901 May 14, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1015 Locust Street, Suite 735, St. Louis, MO 63101 United Media Guild 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The NewsGuild - Communications Workers of America 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 314-241-7046 314-241-7459 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Shannon Duffy, Business Representative 1015 Locust Street, Suite 735, St. Louis, MO 63101 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 314-241-7459 sduffy@unitedmediaguild.org 314-241-7046 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date 4/27/18 Attorney Janine M. Martin WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT HE COPETITE 18 PETITION FOR

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set with hittle Fellecal Registery 1 Med. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

NERB REGION 14 RECEINED

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 14-RC-219862	Date Filed May 8, 2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6505 John J Pershing Dr Neuvirth Construction 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6505 John J Pershing Dr NE Omaha 68112-3419 Frank Neuvirth Sr. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (402) 455-2255 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services General Contractor Omaha, NE 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 4660 S 60th Ave NE Omaha 68117-1205 International Union of Operating Engineers Gerald Alan Dick Jr. 8c Tel No 8d Cell No 8e Fax No 8f. E-Mail Address (402) 733-1600 (402) 681-7633 (402) 733-1600 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/10/2008 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): As soon as possible Local 571 Training site work hours 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Gerald Alan Dick Jr. Gerald Alan Dick Jr. Local 571 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Union of Operating Engineers Local 571 12g. E-Mail Address idick@iuoe571.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (402) 681-7633 (402) 733-1167 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Gerald Dick Jr Organizer 05/7/2018 15:34:31 Gerald Alan Dick Jr.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

Case Date Filed May 8, 2018

Employees Included Heavy Equipment Operators, Mechanics, &Oilers

Employees Excluded
General Laborers & Truck Drivers

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 14-RC-220729

Date Filed May 23, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PetroChoice 601 S. 66th Terrace, Kansas City, Kansas 66111 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mike Ballard, Director of Operations Same as 2b 3e. Fax No. 3f. E-Mail Address 913-287-6880 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Kansas City, Kansas Warehouse Lubricants 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time warehouse employees and drivers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All managers, professional employees, office and clerical employees, guards and supervisors as defined in the Act, and all other employees. unit wish to be represented by the Petitioner? Yes ✓ No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) n/a Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10a Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Break room at Employer's facility June 13, 2018 5 a.m. to 8 a.m. 12b. Address (street and number, city, state and ZIP code) 12a. Full Name of Petitioner (including local name and number) Teamsters Local 41 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) PA International Brotherhood of Teamsters 12e. Cell No. 12d. Tel No. 12f. Fax No. 12g. E-Mail Address m 816-924-2000 x118 816-739-4165 816-924-2075 roynixon8@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Rodger Nixon, Organizer/Business Agent 4501 Emanuel Cleaver II Blvd., Kansas City, Missouri 64130 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 816-924-2075 roynixon8@gmail2com 816-924-2000 x118 816-739-4165 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND MIPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Gase No. RC-221143 Date Filed 5/31/	DO NOT WRIT	E IN THIS SPACE	- HALLEROWS	
	14-RC-221143	Date Filed	5/3	1/

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) invoived (Street and number, city, State, ZIP code) 3636 South Kings Highway, St. Louis, MO 63109 Jerry Ackerman Toyota 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jerry Ackerman, Jr., Owner SAME 3e. Fax No. 3f, E-Mail Address 3c Tel No 3d. Cell No. 314-351-3000 314-351-6114 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 6a. City and State where unit is located: New Car Dealer and Service Car Sales and Service St. Louis, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-Time and Regular Part-Time technicians including Journeymen and Apprentices who are employed by 13 6b. Do a substantial number (30% the above-mentioned employer at their 3636 South Kings Highway, St. Louis facility or more) of the employees in the Excluded: All other employees including parts department employees, service writers, porters, sales employees, office clerical unit wish to be represented by the employees, professional employees, managerial employees, guards and supervisors, as defined by the Act. Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (if no reply received, so state). Petition to serve as request. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. Se. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d Cell No 10a Name 10b. Address 10c. Tel. No. 10s. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: / Manual Mall Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): June 20, 2018 10:00 a.m. - 11:00 a.m Lünchroom 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO | 113 Republic Avenue, Ste. 100, Joliet, IL 60435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12e. Cell No. 12g. E-Mail Address 12d. Tel No 815-214-4587 815-280-6345 wlepinske@iamaw.org 815-280-6400 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title Bill LePinske, Special Representative/TOL 13b. Address (street and number, city, state, and ZiP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signatúre

WILLFUL FALSE STATEMENTS ON:THIS PETITION CAN BE PUNISHED BY PRIVACY ACT STATEMENTS ON:THIS PETITION CAN BE PUNISHED BY THE PRIVACY ACT STATEMENTS ON:THIS PETITION CAN BE PUNISHED BY THE PRIVACY ACT STATEMENTS OF THE

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Special Representative/TOL

Bill LePinske

May 31, 2018

FORM NURB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT	WRITE IN THIS SPACE
Case No	Date Filed
14-RC-221287	June 1, 2018

				14-RC-	-22128/	,	une 1, 2016
INSTRUCTIONS: Unless e-Filed u							
in which the employer concerned							
certificate of service showing service							
Position form (Form NLRB-505);						RB 4812). Tł	ne showing of interest
should only be filed with the NLRE 1. PURPOSE OF THIS PETITIONED-CER							4 f (1)
bargaining by Petitioner and Petitioner desire National Labor Relations Board proceed un	es to be certified as	representative of th	e employee	s, The Petitioner	alleges that the follow	o pe represented ving circumstand	es exist and requests that the
2a. Name of Employer		AND THE RESERVE OF THE PERSON			(s) involved (street and	그렇게 모르는 이번이 그렇게 있으면 그렇게 없었다.	
PAE AVIATION AND TECHNIC		S, LLC 5	600 AIF	CARGO RO	DAD OKLAHON	MA CITY, OK	73159
3a. Employer Representative - Name an				fress (If same as	H. IN - 보기 전에 가게 보기에 있다면서 하는	and FORT	NODELL TY 70140
DAVID HARVEY- SITE MAN 3c.Tel. No.	AGER 3d. Cell No.		3e. Fa		EVVAY, SUITE	301, FORT V	NORTH, TX 76116
4a. Type of Establishment (Factory, mine, w		4b. Principal pro				DAVID.H	HARVEY@PAE.COM and State where unit is located;
SCA	norestrer, etc.,			TENANCE			AHOMA CITY, OK
307						7	
5b. Description of Unit Involved notuded:							6a. No. of Employees in Unit:
ALL FULL AND REGULAR PART TIME			UDE MEC	HANICS, LEAD	MECHANIC, QC IN	ISPECTORS,	6b. Do a substantial number (30%
AVIONICS, AND GSE WORKERS IN OKL	AHOMA CITY, C	K.					or more) of the employees in the
xcluded:	10.						unit wish to be represented by the
OFFICE CLERICAL EMPLOYEES, PRO AS DEFINED IN THE ACT.	FESSIONAL EM	PLOYEES, MAN	AGERIAL	EMPLOYEES, 0	GUARDS, AND SUF	PERVISORS,	Petitioner? Yes V No
Check One:		18 (6)			S. 1556	00000	
	as Bargaining Re (if no reply receiv		nade on <u>Pe</u>	etition will serve	as request for reco	gnition and Emp	loyer declined recognition on or
7b. Petitioner is currently re	cognized as Barg	aining Representa	tive and de		under the Act.		%
8a. Name of Recognized or Certified Bargaining NONE		state).		8b. Address N/A	46 GP CAR CAREN		3-592 327 6197
8c, Tel. No. N/A	8d. Cell No. N/A		8e. Fax N/A			8f. E-Mail Add N/A	ress
8g. Affiliation, if any			8h. Date	of Recognition or	Certification		ate of Current or Most Recent
N/A		3	N/A	i		Contract, if any N/A	(Month, Day. Year)
9, is there now a strike or picketing at the Ed	nalavara astablis	l December 2 December 2) M/A	W as a sec	nulmataly have many		participating?
(Name of labor organization)		the Employer since			uximately now many	embioheea sie t	Darticipating?
10. Organizations or individuals other than P known to have a representative interest in an						sentatives and o	ther organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No. N/A		10d. Cell No. N/A
N/A	N/	Α			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts an el	ection in this mat	ter, state your pos	ition with re	espect to	N/A 11a. Election Ty	The second second	I N/A
any such election. 11b, Election Date(s);	T 115 E	ection Time(s);			✓ Manual 11d, Election Loca	Mail	Mixed Manual/Mail
06/22/2018	200000000000000000000000000000000000000	30 PM - 4:00 I	ΡМ,				M ROOM #122
12 a. Full Name of Petitioner (including local nam IAMAVV, AFL-CIO	e and number)			7			ity, state, and ZIP code) E 580, ARLINGTON, TX 76011
12c. Full name of national or international late INTERNATIONAL ASSOCIA						-CIO	
12d, Tel, No. 817-505-0100	12e. Cell No.		12f. Fax 817	No. 7- 4 59-0107		12g, E-Mail Ad	dress
13. Representative of the Petitioner who will accep	t service of all pape	rs for purposes of the			10	44	
13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPE	CIAL REDRESS	NTATIVE			per, city, state, and ZIP co		TON TV 76044
13c. Tel. No.	13d. Cell No.	MAINE	13e. Fa		BLVD, SUITE S	13d. E-Mall Ad	GTON, TX 76011 dress
817-505-0100	682-401-7835		81	7-459-0107	4		@IAMAW.ORG
declare that have read the above Petition and t	nat the statements	are true to the best of	my knowle	dge and belief.			
Name (Print) Signa	ature	1	1_	Title		D/	ATE
JAMES R. LITTLE		N of		SRAND LOD	OGE REPRESE	ENTATIVE	06/01/2018

WILLFUL FALSE STA EMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No 14-RC-222107

Date Filed June 15, 2016

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) FLIGHT SAFETY INTERNATIONAL ALTUS AFB, BLDG, 174, ALTUS, OK 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 10770 E. BRIARWOOD AVE., SUITE 100, CENTENNIAL, CO 80112 NEIL WHITEMAN - VP & SENIOR COUNSEL 3d. E-Mail Address NEIL.WHITEMAN@FLIGHTSAFETY.COM 303-783-3191 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: MAINTAIN SIMULATORS, INSTRUCT PILOTS SCA ALTUS AFB - ALTUS, OK BOOM OPERATORS, IT, SCHEDULING 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: ÄLL FÜLL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE THE KC-46 AIRCREW TRAINING SYSTEM 6b. Do a substantial number (30% CONTRACT TO INCLUDE PILOT INSTRUCTORS, BOOM OPERATOR INSTRUCTORS, GROUND TRAINING INSTRUCTORS. or more) of the employees in the MAINTENANCE TECH I, II, AND III, SCHEDULER, MHE HANDLER (K-LOAD DRIVER) WORKING AT ALTUS AFB. OK. unit wish to be represented by the Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT. Check One: Ta, Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or __(date) (if no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE N/A 8c, Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? N/A (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. N/A 10e, Fax No. N/A 10f. E-Mail Address N/A N/A N/A N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Election Type: any such election Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 07/06/2018 ALTUS AFB BUILDING 174 - BREAK ROOM 8:00 AM - 8:30 AM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12f. Fax No. 12g. E-Mail Address 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13d. Cell No. 13c. Tel. No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief, ature DATE JAMES R. LITTLE GRAND LODGE REPRESENTATIVE 06/15/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE Case No. RC-222169

Date Filed

	HILLON			J 11 KO			15. 2018
INSTRUCTIONS: Unless e-Filed u	sing the Agenc	y's website,	www.nirb	gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerned	l is located. The	e petition mu	st be acc	ompanied by b	ooth a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the							
(Form NLRB-505); and (3) Descrip	otion of Represe	entation Case	Procedu	res (Form NLF	RB 4812). The sl	howing of int	erest should only be filed
with the NLRB and should not be	served on the	employer or a	any other	party.			
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifi	ed as representa	ative of the	employees. The F	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer		I .			(s) involved (Street a		, State, ZIP code)
Baker Petrolite		1910		`	ings, OK 74063	<u> </u>	
3a. Employer Representative – Name a Jimmy Vaughn, Plant Manager	na Title		same	dress (It same as	2b – state same)		
3c. Tel. No. 918-245-2224	3d. Cell No.		3e. Fa: 918-5	No. 91-4602		3f. E-Mail Add	ress
4a. Type of Establishment (Factory, mine, Chemical Producer	wholesaler, etc.)	4b. Principal p Chemicals	roduct or se	ervice			and State where unit is located: prings, OK
5b. Description of Unit Involved		Offerfficals				Joana C	6a. No. of Employees in Unit:
Included: All full-time and regular p	art-time production	on and mainter	nance emo	lovees, includin	o lab technicians	employed by	67
the Employer at its facility	located at 9100	W 21st, Sand	Springs, 0	OK 74063			6b. Do a substantial number (30%
Excluded: All other employees, profes	ssional employees	, office clerical	employees	guards and sup	ervisors as defined	in the Act	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request for	recognition as Barg					d Employer dec	lined recognition on or about
<u> </u>	(Date)	(If no reply recei	ved, so stat	e) No reply	/		
					ertification under the	Act.	
8a. Name of Recognized or Certified Ba None	argaining Agent (II	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fa	· No.	__	8f. E-Mail Add	ress
	<u> </u>						
8g. Affiliation, if any	- -,	_	8h. Date	of Recognition or	Certification	•	Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involve	ed? No	If so, approxi	mately how many er	nployees are pa	rticipating?
(Name of labor organization)			1.40				
10. Organizations or individuals other than known to have a representative interest in	n Petitioner and tho	se named in iter	ns 8 and 9,	which have claime	ed recognition as rep		d other organizations and individuals
10a Nama	1 405 44	dana			10c. Tel. No.		10d. Cell No.
10a. Name	10b. Ad	uress			TOC. TEI. NO.		Tou. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conductions any such election. 	cts an election in thi	is matter, state y	our position	with respect to	11a: Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): Monday, July 9, 2018		ection Time(s): m7:00 p.m.			11d. Election Loca Employee Breakro		
12a. Full Name of Petitioner (including International Association of Bridge, Struct	tural, Ornamental 8	Reinforcing Iro			14716 East Pine, 1		city, state, and ZIP code) 16
12c. Full name of national or international International Association of Bridge, Structure					t (if none, so state)		
12d. Tel No. 918-437-1446	12e. Cell No. 904-238-6495		12f. Fa 918-43		,	12g. E-Mail A eiones@iwint	
13. Representative of the Petitioner wh		ice of all papers			entation proceeding		
13a. Name and Title Edward Jo	nes, Orgar	nizer		ddress (street and ast Pine, Tulsa, OK	d number, city, state, 74116	and ZIP code)	
13c. Tel No.	13d. Cell No. 904-238-6495		13e. F	ax No.		13f. E-Mail Ad	Idress
I declare that I have read the above pet		statements are	true to the	best of my know	ledge and belief.	·	
	Signature /)	Title		· · · · · · · · · · · · · · · · · · ·	Date /	-1/1-18
Edward Jones	Edward	*	Organi		Hanna or Il		7-14-10
WILLFUL FALSE STATEN	IENTS ON THUS PE	ETITION CAN B	F PUNISHE	D BY FINE AND	IMPRISONMENT (U	.s. code. Titi	.E 18. SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
14-RC-223491	July 11, 2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Professional Contract Services, Inc. (PCSI) 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 718 Farm to Market 1626 #100, Austin, TX 78748 Carroll Schubert, President and CEO 3f F-Mail Address 3c. Tel. No. 3d. Cell No. (512) 358-8887 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Fort Sill, Oklahoma Service contractor Maintenance 6a. No. of Employees in Unit 5b. Description of Unit Involved Included: All full-time and regular part-time HVAC Mechanics (less than 20 tons), HVAC Mechanics (greater than 20 tons), Electronics Approx. 28 Technician II, Electronic Technician III (lead), Fire Alarm Systems Mechanic, Boiler Tender, Boiler Tender Lead, and Welders 6b. Do a substantial number (30% or more) of the employees in the es, professional employees, managerial employees, guards and supervisors as defined in the Act, and all other employees. unit wish to be represented by the 3 Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8b. Address 8a. Name of Recognized of Certified Bargaining Agent (If none, so state). N/A 8c. Tel Not 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): July 25, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 4335 SW 44th Street, Oklahoma City, OK 73119 Plumbers and Pipefitters Local 344 12c. Full name of national or international labor organization of which Petitioner is an affitiate or constituent (if none, so state) United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12a E-Mail Address (405) 682-1327 (405) 692-4571 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Francisco Lopez 4335 SW 44th Street, Oklahoma City, OK 73119 13f, E-Mail Address 13e. Fax No. 13c Tel No 13d Cell No. flopez@uanet.org (405) 435-0758 (405) 692-4571 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signatu Frank Lopez Organizer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

DO NOT WRIT	TE IN THIS SPACE
Case No. 14- RC-223993	7-19-18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Railcrew Xpress 9867 Widmer Road, Lenexa, KS 66215 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Brian O'Hara- President and Chief Executive Officer SAME 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 913-928-5000 913-928-5016 brian.ohara@railcrewxpress.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Jefferson City, MO Transportation Transportation Services 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time road drivers, yard drivers employed by the employer at or out of the Jefferson 6b. Do a substantial number (30% City, MO rail-yard or more) of the employees in the All office clerical employees, guards, and professional employees and supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 07/18/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail _ Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Mail Ballot July 30 through August 3 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART) Local 36 2319 Chouteau Avenue, St. Louis, MO 63103 👄 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART) Local 36 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address harmon@sheetmetat36 314-371-2800 573-821-8733 N/A

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13e. Fax No.

N/A

P.O.Box 471, Fulton, MO, 65251

Business Representative

13b. Address (street and number, city, state, and ZIP code)

13f. E-Mail Address

Date

7/19/2018

kharmon@sheetmetal36iorg

12

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13d. Cell No.

573-821-8733

13a. Name and Title Kristopher G. Harmon Business Representative

13c. Tel No.

573-642-1833

Name (Print) Kristopher G. Harmon

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN T	HIS SPACE
Case No. 14-RC-224185	Date Filed 7/23/18

INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be accom named in the petition of:	panied by (1) the pet	both a sho ition; (2) Sta	wing of interest (see atement of Position for	6b below) and orm (Form NLF	an NLRB of a certificate RB-505); and	e of service sho d (3) Description	owing service on n of Representation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboratory	oner desires to be certified	as represer	ntative of the	employees. The Petit	tioner alleges t	that the follo	owing circumst	ances exist and
2a. Name of Employer: Jerry Ackerman Toyota				stablishment(s) involve nighway Blvd, S				s):
3a. Employer Representative - Nan Jerry Ackerman, Owner	ne and Title:	3b. Addr	ess (if same	as 2b - state same):				
3c. Tel. No. 314.351.3000	3d. Cell No.		3e. Fax No.		3f. E-Mail A	ddress		
4a. Type of Establishment (Factory, Dealership	mine, wholesaler, etc.)		4b. Principa Car Dea	Product or Service lership	1	5a. City and St. Lou	d State where un	nit is located:
5b. Description of Unit Involved: Included: All full-time and regular p Excluded:				10 m		10 6b. Do a si		er (30% or more)
Office clerical employees Check One: 7a. Request for rec						represe	mployees in the nted by the Petit declined recognit	tioner? × Yes No
on or about (Date)		no reply re	ceived, so s	tate).		a employer (recimed recognit	iion
8a. Name of Recognized or Certific None					and rive			
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail A	ddress		
8g. Affiliation, if any:	1	8h	. Date of Re	ecognition or Certification			urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike of eicketing	at the Employer's establishm	nent(s) invo	lved? No	- If so, approxi			s are participatin	
(Name of Lator Organization) 10. Organizations or individuals other individuals known to have a repr	er than Petitioner and those esentative interest in any en	named in it nployees in	ems 8 and 9 the unit des	o, which have claimed of scribed in item 5b above	recognition as re	epresentative	er since (Month, es and other orga	
10a. Name 2 8 2	10b. Address			1. *****	10c. Tel. N	0.	10d. Cell No.	
20 SA					10e. Fax N	0.	10f. E-Mail Add	fress
11. Election Details: If the NLRB or	onducts and election in this	matter, stat	e your positi	on with respect to any	such election:	11a. Electio	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mixed Manual/Mail
11b. Election Date(s): August 13, 2018	11c. Election 1 10:30 a.m) a.m.		11d. Election Breakro	on Location(s	5):	
12a. Full Name of Petitioner (inclu Automotive, Petroleum, I Employees Union Local	Allied Industries and	d Airlin	e	12b. Address (street & Local 618 - Sui 9040 Lackland	te A			
12c. Full name of national or internal International Brotherhood	tional labor organization of d	which Petiti	ioner is an a	ffiliate or constituent (in	none, so slate,):		
12d. Tel. No. 314.426 4618	12e. Cell No.	1000000	12f. Fax No 314.426		12g. E-Mai jralocal	Address 618@liv	e.com	
13. Representative of the Petition 13a. Name and Title: Jason Asher, Recording Sec		of all pape	13b. Addre Local 61	oses of the represents (street and number 8 - Suite A ckland Road, Over	, city, State and	ZIP code):		
13c. Tel. No.	13d, Cell No.		13e. Fax N	0.	13f. E-Mail	Address		
I declare that I have read the above		-	fe true to the	ie best of my knowled				
Name (Print) Jason Asher	Signati	- Ne			Recording	Secretar	у	7/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN	THIS SPACE
14-R	C-224717	Date Filed //18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/., submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Georgian Gardens 1 Georgian Gardens Drive, Potosi, MO 63664 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Joseph Shafer, Manager of Operations Same as 2b 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. (573) 438-2807 (573) 438-6261 jshafer@advantagehcm.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Nursing Home Resident Care Potosi, MO 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All licensed practical nurses 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? Yes No Excluded: Office clerical, and professional employees, PRN LPNs, registered nurses, and supervisors as defined in the Act. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) June 21, 2018 and Employer declined recognition on or about (Date) no response (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 20 Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals now to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10a. Name 10b Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: |X | Manual | Mail | Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): August 23, 2018 Georgian Gardens 6 p.m. - 8 p.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): SEIU Healthcare MO and KS, a division of SEIU Healthcare Illinois/Indiana 5585 Pershing Avenue, Suite 230, St. Louis, MO 63112 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU) 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12q. E-Mail Address (314) 533-3633 (314) 368-9821 (314) 361-3266 lenny.jones@seiuhcks.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a, Name and Title: 1221 Locust Street, 2nd Floor, St. Louis, MO 63103-2364 Amanda K. Hansen, Attorney 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. (314) 621-2626 (314) 479-3399 (314) 621-2378 akh@schuchatcw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature 08/01/18 Amanda K. Hansen Attorney

WILLFUL FALSE STATEMENTS ON THIS PETVION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

	DO NOT WRIT	E IN THIS SPACE
Case No.	QC-285143	Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

with the NLRB and should				1012). 11100	noung or me	creat anound only be med
 PURPOSE OF THIS PETITION bargaining by Petitioner and I 	N: RC-CERTIFICATION OF Petitioner desires to be certifi	REPRESENTATI ed as representativ	VE - A substantial number re of the employees. The	Petitioner alleges th	hat the following	circumstances exist and
requests that the National L 2a. Name of Employer	abor Kelations Board proc		per authority pursuant to dress(es) of Establishment			
Virbac		13	001 St Charles Rock Rd.			
3a. Employer Representative -	- Name and Title	IM	O Bridgeton 63044- 3b. Address (If same as	2b - state same)		——————————————————————————————————————
Sara Carey				Rock Rd, Bridgeton		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	44-	3f. E-Mail Addr	ess
(314) 291-6270			202000000000000000000000000000000000000		sara.carey@virba	acuc.com
4a. Type of Establishment (Fact	ory, mine, wholesaler, etc.)	4b. Principal prod	duct or service		5a. City a	and State where unit is located:
Others			Animal Health Produ	cts		Bridgeton, MO
5b. Description of Unit Involve	d					6a. No. of Employees in Unit:
Included: See Attached Page	2 for additional details				1	70
	2 for additional details	- 12 (2)				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [V] No [V]
	titioner is currently recognize	(If no reply received d as Bargaining Re	d, so state).		2 99	ined recognition on or about
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Certification		late of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picket (Name of labor organization) 10. Organizations or individuals known to have a representative International Longshoremans 176	other than Petitioner and tho	, has pick	eted the Employer since (A 8 and 9, which have claims	ed recognition as rep		other organizations and individuals
10a, Name	10b. Add	dress		10c. Tel. No.		10d, Cell No.
				(314) 752-5848		
Carlos Brown I	6025 chi	O		10e. Fax No.		10f. E-Mail Address
Union Representative		uis 63109				carlos1765@ila-stl.org
 Election Details: If the NLF any such election. 	B conducts an election in thi	s matter, state you	r position with respect to	11a. Election Type	: 📝 Manual 📗	Mail Mixed Manual/Mail
11b. Election Date(s): 8/28/18		ection Time(s):			11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number) Mike Schlueter Mike Schlueter		V 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13001 St Charles Rock Rd, Bridgeton Mo, 63044 12b. Address (street and number, city, state, and ZIP code) 4349 Woodson Rd Ste 200 MO Saint Louis 63134-3719		
12c. Full name of national or inte International Brotherhood of Tear	emational labor organization on sters	of which Petitioner	is an affiliate or constituent	(if none, so state)	34-3/19	20! AIA
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	
(314) 513-5813				Mschlueter@68		
13. Representative of the Petit 13a. Name and Title	ioner who will accept servi	ce of all papers fo	or purposes of the repres 13b. Address (street and	기가 가장하게 하게 하시 때 가장 이 없는데 이 아이는데 하네요?		RECE B REC G -6
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	Ireset 3 OM
I declare that I have read the a	bove petition and that the	statements are tru	e to the best of my know	ledge and belief.		8 6 -0
Name (Print)	Signature		Title		Date	1 5 A
Mike Schluster	Mike Schlueter		Business Representative		08/6/2018 0	00 51 00

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

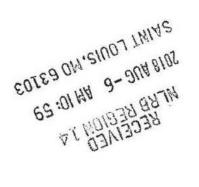
Case Date Filed

14-12C-22503 8-6-18

Employees Included Production

Employees Excluded

Quality Control, Research and Develoement, Quality Assurance, Maintenance, Supervisor / Management, Office Personnel, Temporarys, Seasonals, Guards, as defined in the act.



RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	14-RC-225796	Date Filed	August 17, 2018		

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 230 E Main St PO Box 155 MO Cleveland 64734-9029 Apple Bus Company 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 230 E Main St PO Box 155 MO Cleveland 64734-9029 Mike Oyster 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address mike.oyster@applebuscompany.com (816) 618-3310 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation **Bus Transportation** Saint Joseph, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 70 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 08/16/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): September 17, 2018 6:00am to 12:00pm Driver's Room - Employer's facility located at 4713 St. Joseph Ave., St. J 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Jerry Wood International Brotherhood of Teamsters, Local Union No. 955 4501 Emanuel Cleaver II Blvd MO Kansas City 64130 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address iwood@kcteamsters.com 12d. Tel No. 12e Cell No 12f. Fax No. (816) 923-1948 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Michael E. Amash Attorney Blake & Uhlig, P.A. 753 State Ave Ste 475 KS Kansas City 66101 13c. Tel No. 13d Cell No. 13e. Fax No. 13f F-Mail Address mea@blake-uhlig.com (913) 321-8884 (913) 321-2396 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Michael E. Amash Attorney 08/16/2018 14:41:57 Michael E. Amash

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

All full-time and regular part-time Drivers, Monitors and Mechanics employed out of the Company's St. Joseph Missouri Location

Employees Excluded

All yardmen, aides, clerical employees, foremen, dispatchers, managers, guards and supervisors as defined in the Act

Scott R. Busch

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 14-RC-226287	Date Filed	8/27/	18	

N

8/27/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **Durham School Services** 250 Miller Ct., Carbondale, IL 62901 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bryon Poston, General Manager same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 618-549-2877 bposton@durhamschoolservices.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Carbondale, IL School bus transportation transporting students 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and regular part-time monitors/aides employed at the Carbondale facility. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All supervisors, drivers, drivers in training, mechanics, dispatchers, and clerical employees. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 8/27/2018 and Employer declined recognition on or about Check One: 8/27/2018 __(Date) (If no reply received, so state). Refused. 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c Tel No 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1609 North Illinois St., Swansea, IL 62226-3947 Teamster Local #50 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d Tel No teamsterbusch74@gmail.com 716-310-9734 716-310-9734 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Scott R. Busch 1609 North Illinois St., Swansea, IL 62226-3947 13f. E-Mail Address 13d. Cell No. 13e Fax No. 13c Tel No teamsterbusch74@gmail.com 716-310-9734 716-310-9734 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Title Date Name (Print)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will-cause the NLRB to decline to invoke its processes.

Organizer

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
14-RC-226288	August 27, 2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Case New Holland 3301 South Hoover Road 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Jeffery Bolander Plant manager 3301 South Hoover Road 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 316-945-0111 jeffery.bolander@cnhind.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Factory Skid Steers Wichita Kansas 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 355 All full time, part time maintenance & production hourly employees see attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X All other employees, professional, guards & supervisors as defined by the act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 8-27-18 no reply on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 5:30-9:30 AM and 5-8 PM September 12th, 2018 New hire training room by maintenance 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International UAW 721 Dunn Road, Hazlewood, MO, 63042 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers of America 12f. Fax No. 12d. Tel. No. 12e, Cell No. 12g. E-Mail Address 314-680-1417 314-680-1417 314-731-2729 ssy1859@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Clint McGill, UAW Organizer 721 Dunn Road, Hazlewood, MO, 63042 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 314-680-1417 314-680-1417 314-731-2729 ssy1859@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **UAW** organizer 08/27/18 Clint McGill

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 14-RC-227993	Date Filed September 25, 2018			

					A STATE OF THE PARTY OF THE PAR	
INSTRUCTIONS: Unless e-File						
in which the employer concern						
of service showing service on						
(Form NLRB-505); and (3) Des				LRB 4812). The sho	owing of in	terest should only be filed
with the NLRB and should not	be served on the	employer or an	y other party.	- 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 -	1000	
PURPOSE OF THIS PETITION: Robargaining by Petitioner and Petitioner equests that the National Labor	ner desires to be certif	led as representati	ve of the employees. The	Petitioner alleges that	t the following	g circumstances exist and
2a. Name of Employer		2b. At	dress(es) of Establishme	nt(s) involved (Street an	d number, cit	
Vend-tech Enterprise, lic / PBP Management Gro	up,inc, as single and or join	t employers 1980	Denison Ave. Manh	attan Kansas 6650	02	
3a. Employer Representative - Nam	e and Title		3b. Address (If same a			
Darrius Wright /Ch ris Lee						st St North Suite C, Wichita KS 67214
3c. Tel. No. 316-689-8650 /316-262-290 0	3d. Cell No.		3e. Fax No. NA	0.08	3f. E-Mail Add arrius@vendec	tress henlerprise.com/clee@ptpmgmlgroup.com
4a. Type of Establishment (Factory, m.	ine, wholesaler, etc.)	4b. Principal pro	duct or service			and State where unit is located:
US Government Lab		Security			Manha	ttan KS
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: all fulltime and pa Excluded: clerical, manage						16 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 7 No
NA NA	(Date) is currently recognize	(If no reply received as Bargaining R	tive was made on (Date) d, so state). NA epresentative and desires 8b, Address			lined recognition on or about
NA	Darganning Agent (n	none, so statej.	NA NA			
8c, Tel No. NA	8d Cell No. NA		8e. Fax No. NA	l e	Sf. E-Mail Add A	ress
8g. Affiliation, if any			8h. Date of Recognition of			Date of Current or Most Recent
NA			NA	Contract, if any (Month, Day, Year) NA		y (Month, Day, Year)
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the strike or individuals.		has pick	eted the Employer since (4	
known to have a representative interes					Jernouves em	one organizations and marriages
10a, Name	10b, Add	tress		10c, Tel. No. NA		10d. Cell No.
NA	NIA			10e. Fax No.		10f, E-Mail Address
IVA	INA			NA		NA
 Election Details: If the NLRB cond any such election. 		•	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): irst available	NA	ection Time(s):		NA Slection Location	11d. Election Location(s): NA	
12a. Full Name of Petitioner (Including local name and number) United Government Security Officers of America and its Local 298				12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538		
12c. Full name of national or Internation United Government Security Officers			is an affiliate or constituen	it (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.	10.00	2g. E-Mail Ad	A Section Control of the Control of
617-620-7225	617-620-7225		NA		leblanc@ugs	soa.com
13. Representative of the Petitioner v 13a. Name and Title Mike LeBlanc DHS				d number, city, state, and	d ZIP code)	
13c. Tel No. 317-620-7225	13d. Cell No. 617-620-7225		13e. Fax No. NA	1	3f. E-Mail Add	
I declare that I have read the above p		tatemente are tru				
Name (Print)	Signature	///	Title		Date	
Mike LeBlanc	11/1		DHS Vice President UG	SOA International Union		

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

THIS SPACE
Date Filed September 28, 2018

INSTRUCTIONS: Unless e-Fit employer concerned is locat the employer and all other pa Case Procedures (Form NLR	ed. The petition mu arties named in the	st be accompanied i petition of: (1) the p	y bath a s stition; (2)	howing of Interest (see t Statement of Position fo	ib below) end m (Form NL	d a cortificat RB-505); and	e of service showl 3 (3) Description o	ng service on f Representation
PURPOSE OF THIS PETITION bargaining by Petitioner and requests that the National	Petitioner desires to	be certified as repres	entetive of	the employees. The Petiti	oner alleges	that the follo	wing circumstant	
2a. Name of Employer: Kurtz Industrial Fire S	ervice	25. Ad 900 S	ress(es) o Centra	Establishment(s) involved Avenue, Roxann	a, IL 620	number, City. 84	State, ZIP cade):	
3a. Employer Representative Jerod Kampwerth	Name and Title:	3b. Adi same		ne as 2b - state same):				- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
3c. Tel. Na.	3d. Cell No.	<u> </u>	3e. Fax N 618-22	o. 25-4320	3f. E-Mail A jerod.a.		th@contractor	.p66.com
4s. Type of Establishment (Fac EMS Service	tory, mine, wholesale	r, etc.)		pal Product or Service ency Services		Roxanr	d State where unit is	located:
5b. Description of Unit Involve Included: All full-time and regul		ramedics, fire	fighters	and EMS employe	es	6a. Numbe 10	r of Employees in U	nit
Excluded:						6b. Do a su of the a represe	bstantial number (3 mplayees in the uni nted by the Petition	0% or more) I wish to be or? XP Yes No
on or about (C	is currently recognize	(If no reply red as Bargaining Rep	eceived, so resentative	e on (Date) petition is state), and desires certification u		d Employer d	eclined recognition	SEN SEN
sa. Name of Recognized or Co None	ortified Bargaining	Agent (If none, so sta	fe) 8b. A	ddresa:			181 P	28 A
8c, Tel. No.	8d, Cell No.		8e. Fax N	io.	8f, E-Mail A	Address	72	O NO
8g. Affiliation, if any;		8	h. Date of I	Recognition or Certification			Month, Day, Year)	7
Is there now a strike or picket (Name of Lebor Organization Organizations or individuals	other than Patitioner	and those named in	tems 8 and	9, which have delimed re	, has picketed	the Employe	er since (Month, Da) as and other organiz	
individuals known to have a None			n the unit o	escribed in Hem 50 above.				
10a. Name	10	b, Address			10c, Tel. N	0.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Address	\$
11. Election Details: If the NLF any such election			te your pas	ition with respect to any si		Manua	Mail N	lixed Manual/Mail
11b. Election Date(s); 10/23/18 and 10/24/18		e. Election Time(s): nn-6pm				on Location(s ee breakt		
12a. Full Name of Petitioner (Teamsters Local 525				12b. Address (street on 830 East Broadw	ay, Alton	, IL 6200	UP code): 12	
12c. Full name of national or int International Brotherh	emational labor orga ood of Teamst	nization of which Pati ers	ioner la an	affiliate or constituent (if n	one, so state,	l:	200	
12d. Tel. No.	12e, Cell No. 618-781-7		12f. Fax			525@gm	ail.com	
13. Representative of the Peti 13a. Name and Title: Brett Wessel, Vice Presi		pt service of all pap	13b. Add	poses of the representa- ress (street and number, c st Broadway, Alton,	ity, State and			
13c. Tel, No,	13d. Cell No. 618-781-7		13e. Fax			Address 525@gm	ail.com	
I declare that I have read the a	bove petition and t	All Control of the last of the	re true to		e and belief. ile			Date
Name (Print) Brett L)esse1	Signature	D	Not "	UP	BA		9/27/18

DO NOT WRITE IN THIS SPACE Case No. 14-RC-228942

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 231 Rock Industrial Park Dr MO Bridgeton 63044-1249 Sensory Effecte 3b. Address (If same as 2b – state same) 231 Rock Industrial Park Dr MO Bridgeton 63044-1249 3a. Employer Representative - Name and Title latisha Smiyh 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (314) 291-5444 Itsmith@balchem (314) 291-3289 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing Flavor Concentrates Bridgeton, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 10 /30/18 11c. Election Time(s): 11d. Election Location(s): 6 to 7 am and 2 to 3 pm Sensory Effects 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mike schlueter Mike Schlueter Teamsters local 688 4347 Woodson Rd MO Saint Louis 63134-6313 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of the Teamsters 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address Mschlueter@688online.org (314) 513-5813 (314) 973-6100 (314) 426-4450 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Mike Schlueter **Business Rep** Mike schlueter 10/11/2018 09:02:26 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

Case

Case

Case

14-RC-228942

Date Filed

10/11/18

Employees Included

All full time, machine operators, matrieal Handlers, shipping, receiving, warehouse, makers and wet/dry processing employees at the Employer's Bridgeton, MO facility

Employees Excluded

Temponary, seasonal, office, lab, and professional employees, guards and supervisors, as defined in the act



any such election. 11b. Election Date(s):

12d. Tel No.

586-772-7250 X111

12a. Full Name of Petitioner (including local name and number)

International Union, Security, Police and Fire Professionals of America (SPFPA)

International Union, Security, Police and Fire Professionals of America (SPFPA)

13a. Name and Title Gordon Gregory, General Counsel

12e. Cell No.

586-872-5634

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

14-RC-229499

11d. Election Location(s):

25510 Kelly Road, Roseville, MI 48066

12b. Address (street and number, city, state, and ZIP code)

12g. E-Mail Address

organize@spfpa.org

BREAKROOM

13b. Address (street and number, city, state, and ZIP code)

65 Cadillac Square, Suite 3727, Detroit, MI 48226

DO NOT WRITE IN THIS SPACE Date Filed October 18, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Core Civic 100 Highway Terrace, Leavenworth, KS 66048 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jeff Rainey, Managing Director 10 Burton Hills Blvd., Nashville, TN 37215 3f. E-Mail Address 3d. Cell No. 3e Fax No. jeff.rainey@Corecivic.com 615-263-6641 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Correction-Detention Management Security Leavenworth, KS 5b. Description of Unit Involved 6a. No. of Employees in Unit: 170 Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED CORRECTIONALOFFICERS AND OTHERS 6b. Do a substantial number (30% PERFORMING SIMILAR GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS or more) of the employees in the ACT, EMPLOYED BY CORE CIVIC @ 100 HIGHWAY TERRACE, LEAVENWORTH, KS 66048 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 20 NONE 8c. Tel No. 8e Fax No. 8f. E-Mail Address D 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most R ~ Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a. Name 10b. Address 10c Tel No 10f, E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail

13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 313-964-5600 313-964-2125 Gordon@UnionLaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

11c. Election Time(s):

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding

5:00-7:00 AM & 5:00-7:00 PM

THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18/SECTION 1001) Dwayne Phillips WILLFUL FALSE STATEMENTS ON

12f Fax No.

586-772-9644

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	14-RC-229538	October 18, 2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) CENTERRA GROUP LLC 7121 FAIRWAY DR ST 301 PALM BEACH GARDENS, FL 33418 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) BENJAMIN MORROW, FIRE CHIEF 25201 E 78 HWY, BLD 157, INDEPENDENCE MO 64058 3c. Tel. No. Sd. Cell No. 3f, E-Mall Address 816-796-7107 816-274-2276 BENJAMIN.MORROW@NGC.COM 4s. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: FIRE DEPARTMENT INDEPENDENCE, MO FIRE PROTECTION/EMS 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: SEE ATTACHMENT 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. Se Fax No. Rf. E-Mail Address = 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification ليان Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO TIM 7 (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10s. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail | Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): 5-10 DAYS FROM DATE OF FILING 10AM-1PM WELCOME CENTER 12a, Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) **IAFF 1-66** 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) IAFF 12d. Tel No. 12e. Cell No. 12f, Fax No. 12g. E-Mall Address 816-606-6917 816-606-6917 RHESTERBERG@HOTMAIL.COM 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title ROY HESTERBERG VP I-66 13b. Address (street and number, city, state, and ZIP code) 700 NW 19TH ST. BLUE SPRINGS, MO 64015 13d. Cel No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address RHESTERBERG@HOTMAIL.COM 818-606-6917 816-606-6917 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Ditte Date ROY HESTERBERG VICE PRESIDENT I-66 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

ATTACHMENT A

Case	14-RC-	229538	
Cusc	T-110	227330	

If a majority of valid ballots are cast for IAFF I-66, they will be taken to have indicated the employees' desire to be included in the existing unit currently represented by the petitioner of:

All full-time Fire Captains employed by the Employer at its facility located at Lake City Army Ammunition Plant; Independence Missouri, but excluding the Fire Chief, office clerical employees, professional employees, guards and supervisors as defined in the ACT.

If a majority of valid ballots are not cast for representation, they will be taken to have indicated the employees' desire to remain unrepresented.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE				
14	Case No. R.C- 230360	Date Filed / 18			

		NO PETITIO			1-1	7/1	<u>- 230</u>	236 L	<u> </u>	11	12/18
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition ris s named in th	must be accomp the petition of: (1	panied by b 1) the petiti	ooth a sh ion; (2) S	submit an origina lowing of interest statement of Posit	al of this t (see 6b tion form	Petition to a below) and n (Form NLR	an NLRB of a certificat RB-505); an	ffice in the Reg te of service sh d (3) Description	owing on of R	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires	s to be certified as	is representa under its p	ative of the	ne employees. The athority pursuant t	Petition to Section	ner alleges t on 9 of the N	hat the foll National La	owing circums bor Relations A	tances Act.	
2a. Name of Employer: Walgreens			2b. Addres 2933 S	ss(es) of t . Kings	Establishment(s) in Shighway Blv	vd., St	Street and no. Louis, N	umber, City √IO 631:	, State, ZIP cod 39	e):	
3a. Employer Representative - Nar Jason Powers, Store Mana			3b. Addres	ss (if sam	e as 2b - state san	ne):					
3c. Tel. No. 314-773-2757	3d. Cell No.		34			3f. E-Mail Ac MGR.05	oddress 5304@store.walgreens.com			om	
4a. Type of Establishment (Factory,	mine, wholes	ialer, elc.)	41	4b. Principal Product or Service			St. Louis				
5b. Description of Unit Involved: Included: Cashiers, Shift Supervisor	rs, Tech-i	in-Training,	Certifie	d Tech	ns, Wellness	Amba	ssadors	18	er of Employees		
Excluded: Store Managers, Assistant						iance		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?			
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cut 8a. Name of Recognized or Certific	rrently recogn	(If no nized as Bargaini	no reply rece ning Represe	eived, so s entative a	state). Ind desires certifica	ation und		Employer o	declined recogni	tion	
BA. Name of Necognized of Column	ia Darganini	lg Agent (ii nonc	1, 30 state)	80.70	uress.						
8c. Tel. No.	8d. Cell No.		86	8e. Fax No. 8		8f. E-Mail Address					
8g. Affiliation, if any:			8h. C	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) involve	∍d?	If so, app	proximate	ely how many	y employees	s are participatin	ıg?	
(Name of Labor Organization)									er since (Month,		
 Organizations or individuals othe individuals known to have a repre 										-	ons and
10a. Name		10b. Address		10c. Tel. N			10c. Tel. No.		10d. Cell'No.	i	REC RB K
							10e. Fax No.		10f. E-Maji Add		
11. Election Details: If the NLRB co				our positi	on with respect to			Manua	ıı ∏ıkmaiı E	•	d Mariual/Mail
11b. Election Date(s): November 23, 2018 11c. Election Time(s): 12 p.m. to 1 p.m.			ne(s): . p.m. A ¹	Tra. Election Location(s):					<u>ع</u> ر نــډ ^{:(:}		<i>t</i> 2
12a. Full Name of Petitioner (includ United Food Commercial	Workers	(UFCW) L	ocal 655.		12b. Address (stre 300 Weidma	an Roa	ad Ballwi				
12c. Full name of national or internat	ional labor or	ganization of whi	ich Petitione	er is an al	ffiliate or constituer	nt (if non	e, so slate):				
12d. Tel. No. 12e. Cell No.			İ	12f. Fax No. 12g. E-Mail Address							
13. Representative of the Petitione 13a. Name and Tille: Billy Meyers, Organizing Di		cept service of			oses of the repressss (street and num	nber, city,	, State and Z	IP code):			
13c. Tel. No. 636-736-2726	13d. Cell No 314-853-	-2123	63				bmeyers(3f. E-Mail Address omeyers@ufcw655.org			
declare that I have read the above Name (Print)	petition and	d that the staten		rue to th	e best of my knov	wledge a					Date
Billy Meyers		Signatur	2: 1	#\	7_		ganizing l	Director			11/02/18

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN	THIS SPACE
14	Care No. 230360	Date Filedy 18

						- 20	0000		1 1	1/01/10
INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other partie Case Procedures (Form NLRB 4	The petition mu es named in the	ist be accompani petition of: (1) th	ed by both a e petition; (2	showing of int 2) Statement of	riginal of this erest (see 6t Position for	Petition to below) and m (Form NLF	an NLRB of a certificat RB-505); an	ffice in the l te of service d (3) Descri	Region in showing iption of	which the g service on Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	litioner desires to	be certified as rep	presentative of	of the employees	. The Petitio	ner alleges t	that the foll	owing circu	ımstance	
			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2933 S. Kingshighway Blvd., St. Louis, MO 63139							
3a. Employer Representative - Na	ame and Title:	3b.	Address (if s	same as 2b - sta	te same):			-		
Jason Powers, Store Mar										
3c. Tel. No. 314-773-2757	3d. Cell No.					3f. E-Mail A MGR.05	Address 5304@store.walgreens.com			
4a. Type of Establishment (Factory,	mine, wholesale	er, elc.)	4b, Prir	ncipal Product or	Service		5a. City an St. Lou	nd State whe	re unit is	located:
5b. Description of Unit Involved: Included: Cashiers, Shift Superviso	ors, Tech-in-	-Training, Ce	ertified To	echs, Welln	ess Amba	issadors	6a. Numbe 18	er of Employ	ees in Un	it:
Excluded: Store Managers, Assistar					ntenance		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No			
Check One: X 7a. Request for re on or about (Date			tative was ma ply received,			and	Employer of	declined reco	ognition	
☐ 7b. Petitioner is co	urrently recogniz	ed as Bargaining I	Representativ	e and desires of	ertification un	der the Act				
Ba. Name of Recognized or Certif	ied Bargaining	Agent (If none, so	state) 8b.	Address:						
Bc. Tel. No.	8d. Cell No.		8e. Fax	8e. Fax No.		8f. E-Mail Address				
3g. Affiliation, if any:			8h. Dale of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing	at the Employer	s establishment(s)	involved?	If s	o, approxima	tely how man	y employee	s are particip	pating?	
(Name of Labor Organization)						has picketed	and construction	10	ALCOHOLOGICA COMPANIA	
 Organizations or individuals other individuals known to have a representation. 								es and other	organiza	tions and
10a. Name	a. Name 10b. Address						10c. Tel. No. 10d. Cell No.		. VO.	38.8
				10e			Fax No. 10f. E-Mail Address 177			E S
11. Election Details: If the NLRB c	onducts and elec	ction in this matter,	state your p	osition with resp	ect to any suc	ch election:	11a. Election	_	E Mix	ed Mariual/Mail
11b. Election Date(s): 11c. Election Time(s): 12 p.m. to 1 p.m			s): .m. AND 5-6 p.m.			11d. Election			9 48	4
2a. Full Name of Petitioner (inclu United Food Commercia	ding local name Workers (and number): UFCW) Loca	al 655			number, city. ad Ballwi				
2c. Full name of national or interna	itional labor orga	nization of which f	Petitioner is a	n affiliate or con	stituent (if no	ne, so slate):				
12d. Tel. No. 12e. Celi No.			12f. Fax No. 12g. E-Mail Address							
 Representative of the Petition Name and Title: Billy Meyers, Organizing D 		ept service of all		urposes of the dress (street an	기계하다 기계 집에 가지 하는데 하다.		A STATE OF THE PARTY OF THE PAR			
13c. Tel. No. 536-736-2726	13d. Cell No. 314-853-2	123	13e. Fa 636-3	x No. 394-5006		13f. E-Mail A bmeyers		55.org		
declare that I have read the abov	e petition and t		ts are true to	the best of my						Date
Name (<i>Print</i>) Billy Meyers		Signature	A	n	- Title Or	ganizing	Director			Date 11/02/18

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 14-RC-231241	November 19, 2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5003 E 61st St N KS Kechi 67067-9001 F&H Insulation Sales and Services, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 5003 E 61st St N KS Kechi 67067-9001 John Pfister 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (316) 264-2208 (316) 264-4146 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Mechanical Insulation, Asbestos Removal Wichita, KS 5b. Description of Unit Involved 6a. No. of Employees in Unit: 39 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12-13-18 A neutral location in the Wichita, KS area 4:00 PM - 6 00 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Thomas E. Williams International Association of Heat and Frost Insulators and Allied Workers Local 15 234 N Cleveland Ave RS Wichita 67214-4024 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Association of Heat and Frost Insulators and Allied Workers (AFL-CIO) 12g. E-Mail Address twilliams@insulators.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (330) 770-5573 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas E. Williams Regional Organizer 11/16/2018 13:14:58 Thomas E. Williams

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

Mechanical Insulators, Metal Men and Asbestos Removers currently employed as of 11-16-18.

Employees Excluded

Scaffold Builders, Painters, Lead Paint Removers, Environmental Inspectors, Insulation Energy Appraisers, Office/Warehouse Personnel and Owners and Supervisors as defined by The Act

FORM NLRB-502 (RC) (2-10)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

14-RC-231544

DO NOT WRITE IN THIS SPACE

Date Filed | 11/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Pelition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Eslablishment(s) involved (Street and number, City, State, ZIP code): Shred-it / Stericycle 629 Lambert Pointe Dr. Hazelwood, Missouri, 63042 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same): Mark Sapa Same 3c. Tel. No. de Fax No. 3f. E-Mail Address 3d. Cell No. 314-595-5201 mark_sapa@stericvcle.com 4b. Principal Product or Service 4a Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Hazelwood Missouri Document shredding 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 45 See attachment 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petilioner? [x] Yes Excluded: 7a. Request for recognition as Bargaining Representative was made on (Date) Check One. and Employer declined recognition on or about (Date) (if no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (if none, so state) None 8c. Tel No Bd Cell No. 8e. Fax No. 6f E-Mail Address Sh. Date of Recognition or Certification | 8i. Expiration Date of Current or Most 80 Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations of individuals other than Petitioner and these named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above, (If none, so state) None 10d Cell No 10b. Address 10c Tel No. 10a Name 10e Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. | 11a Election Type. Manual Mail Mixed Manual/Mail 110 Election Location(s): 11b Election Date(s) 11c. Election Time(s): Employers conference room December 7, 2018 6am-9am 3pm-4:30pm 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number). Teamsters Local 600 161 Weldon Parkway Maryland Heights, Missouri 63043 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12g. E-Mail Address 12d Tel. No. 12e Cell No 12f. Fax No. 314-388-4400 314-388-4413 jkelling@teamsters500.org 13. Representative of the Potitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city. State and ZIP code): 13a, Name and Title John Kelting, Recording Secretary 161 Weldon Parkway Maryland Heights, Missouri 63043 13e. Fax No. 13f E-Máil Address 13c Tel. No. 13d Cell No. 314-388-4400 314-388-4413 jkelting@teamsters600.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Pant) Signatur John Kelting Recording Secretary

WILLFUL FALSE STATEMENTS ON THIS RETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18. SECTION 1001)
PRIVACY ACT STATEMENT

5b. Description of Unit Involved:

Included:

All full-time and regular part-time off site, on site, lead, swing customer service representative (c.s.r.) route drivers and warehouse employees employed by the Employer at its 629 Lambert Pointe Dr. Hazelwood Missouri facility

Excluded:

All office clerical and professional employees, guards, and supervisors as defined in the act

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No 14-RC-232297	Date Filed December 7, 2018		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 E. 3rd Street Herzog Transit Services Inc. Kansas City 64106 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 600 E. 3rd Street MO Kansas City 64106 Brian Hadley 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address bhadley@htsi com (408) 386-9614 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Streetcar transport in Kansas City, Missouri Kansas City, MO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 21 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): January 4, 2019 600 E. 3rd Street, Kansas City, MO 64106 8:00 a.m. to 6 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Joe Coddington International Brotherhood of Electrical Workers Local 53 1100 Admiral Bouleyard 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address jcoddington@ibewlocal53.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (816) 499-3046 (816) 842-1447 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Scott Brown Attorney Blake & Uhlig, P.A. 475 New Brotherhood Building 753 State Avenue KS Kansas City 66101-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address slb@blake-uhlig.com (913) 321-8884 (816) 820-1824 (913) 321-2396 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Scott Brown Attorney 12/4/2018 11:43:11 Scott Brown

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment Case

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Case	Date Filed	

Employees Included

All full and part time streetcar mechanics, operators, laborers, and lead operators, lead mechanics and lead laborers

Employees Excluded Managers, confidential employees, security guards